

Profession _____

 NO SOA/STID C&D SOC/AO SUMMARYSANCTIONS WORKSHEET

A Case Specifics
 Respondent _____
 Case Number _____
 Conduct (briefly summarize) _____

CASCADE BEHAVIORAL
2017-5118

NOI

B Select the appropriate Sanction Schedule or Schedules

(If multiple violations are involved a single worksheet is used, but multiple severity tiers identified)

1 <input type="checkbox"/>	Practice Below The Standard Of Care (WAC 246 16 810)	4 <input type="checkbox"/> Diversion (WAC 246-16 840)
2 <input type="checkbox"/>	Sexual Misconduct or Contact (WAC 246-16 820)	5 <input type="checkbox"/> Substance Abuse (WAC 246 16 850)
3 <input type="checkbox"/>	Abuse Physical and/Or Emotional (WAC 246 16 830)	6 <input type="checkbox"/> Criminal Convictions (WAC 246 16-860)
		7 <input type="checkbox"/> None of the Above

C Circle the appropriate Tier of the Sanction Schedule

	Severity Tier	Sanction Range		Duration
		In consideration of Aggravating & Mitigating Circumstances		
least  greatest	A	Conditions that may include reprimand, training monitoring, supervision, probation, evaluation, etc	Oversight for 3* or 5* years which may include reprimand training, monitoring supervision, evaluation, probation, suspension etc	*Schedules 1, 2, 3 0 – 3 years *Schedules 4, 5, 6 0 – 5 years
	B	Oversight 2 years which may include suspension probation, practice restrictions, training, monitoring, supervision, probation, evaluation etc	Oversight for 5* or 7* years which may include suspension probation, practice restrictions, training, monitoring, supervision evaluation etc OR Revocation	*Schedules 1, 2, 3, 6 2 – 5 years *Schedules 4, 5 2 – 7 years Unless Revocation
	C	Refer to Individual Sanction Schedules	Refer to Individual Sanction Schedules	*Schedule 1 3 years – Permanent *Schedules 2, 3 4, 5 5 years – Permanent * Schedule 6 6 years - Permanent

(Always start in the middle of the range, and move along the spectrum with aggravating/mitigating circumstances)

D Prior disciplinary history or other related violation (briefly describe)**E WAC 246-16-890 Sanctions Aggravating and Mitigating Factors (Indicate which, and check all that apply)****1 Related to Misconduct** Gravity of the misconduct**2 Related to License Holder** Experience in practice**3 Related to Disciplinary Process** Admission of facts**4 General Factors** Knowledge intent, And responsibility Age, Capacity, Vulnerability Of patient, client, victim Past disciplinary record (seen above) Full and free disclosure to Disciplining authority Presence of pattern Number or frequency of acts Previous character Voluntary restitution or other remedial action Present moral fitness Injury caused by misconduct Mental, physical health Bad faith obstruction of investigation Potential for successful rehabilitation Potential for injury Personal circumstances False evidence, statements, or deceptive practices Present competence To practice Degree of responsibility for outcome Personal problems having A nexus with misconduct Remorse or awareness conduct was wrong Dishonest or selfish Motives Abuse of trust OTHER _____ Impact on client patient, victim Illegal conduct Intentional or inadvertent act Heinousness Motivation is criminal, dishonest or for personal gain Ill repute upon Profession Length of time since misconduct Isolated incident

KNOI

CORE SANCTION(S) (Check applicable sanctions)

Compliance with conditions (conditions identified below)

Probation with conditions (conditions identified below)

Suspension

- with no right to petition for reinstatement for _____ (months/years)
- for indefinite term

Revocation

- for _____ (months/years) with no right to reapply during that time
- may petition for reinstatement after _____ (months/years) after providing evidence of meeting conditions indicated below
- Permanent (If seeking permanent revocation must prove no ability to rehabilitate)

Practice with restriction or limitations indicated below

Censure or Reprimand (circle one) (note Reprimand must be done with an SOC)

Payment of fine / cost recovery \$ _____ within _____ months/years

Refund of fees collected from consumer proof of refund provided within _____ months/years

Denial of credential application

Grant credential application with conditions indicated below

CONDITIONS

Approved supervisor for _____ (months/years)
Requirements for supervisor (e.g. credential or experience) _____

Specific practice limitations or restrictions (e.g. no solo practice limitation on patient population chaperone) Explain _____

Employment restrictions (e.g. to certain practice settings or facilities)
Explain _____

Reports from respondent/employer/supervisor/health care provider (circle one) for _____ months/years (circle one)
Report frequency _____

Evaluation (e.g. substance abuse monitoring anger management) within _____ months/years Explain _____
 Comply with coursework/treatment recommendations

Monitoring program (e.g. Washington Recovery and Monitoring Program (WRAMP) Washington Recovery Assistance Program for Pharmacy (WRAPP) Washington Physicians Health Program (WPHP) and comply with contract (sole condition related to substance abuse)

Biological fluid testing (do not use if sanction includes monitoring program)

Practice review/audits _____ (number) of audits over _____ months/years
Review/audit is to assess _____

Proctoring/Preceptorship for _____ (months/years)
Explain _____

Notification of employer/patient

Return credential in association with indefinite suspension or revocation

Continuing education Type and hours _____
(Respondent may not engage in the subject activity until CE is completed at a minimum)
Deadline for completion _____

Skills assessment _____
Deadline for completion _____

Clinical training/refresher course Details _____

Other _____ *no new admits until can demonstrate compliance.*

Completed by Peggy Owen Date _____

LEGAL REVIEW - ABSTRACT

RESPONDENT Cascade Behavioral Hospital (HPSY FS 60429197)

CASE NUMBER 2017 5118

SHORT RECOMMENDATION

1 - Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the o...

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ALLEGATIONS Psychiatric hospital is in violation of state laws and rules

ANALYSIS

1 - Attorney Work Product - RCW 42.56.290 - Drafts, notes, memoranda, statements, records or research reflecting the opinions or mental impressions of an attorney or attorney's ag

No new admits
→ until can demonstrate
compliance